ST MARY'S CARE CENTER 3401 MAPLE GROVE DRIVE

MADISON 53719 Phone: (608) 845-100	00	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	184	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	184	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	176	Average Daily Census:	178

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용 	. 5 1	ફ ફ		23.9
Supp. Home Care-Household Services	No No	Developmental Disabilities   Mental Illness (Org./Psy)	0.0 7.4	Under 65	4.0 8.5		15.3
Day Services Respite Care	No	Mental Illness (Other)	1.1	75 - 84	36.4	•	80.1
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic	0.0 0.6	85 - 94   95 & Over	44.3 6.8	***********************************   Full-Time Equivalent	*****
Congregate Meals Home Delivered Meals	No No	Cancer   Fractures	3.4	'	100.0	, , , , , , , , , , , , , , , , , , , ,	dents
Other Meals	No	Cardiovascular	11.9	65 & Over	96.0	i	
Transportation Referral Service	No No	Cerebrovascular   Diabetes	0.6	   Gender	%	RNs   LPNs	9.7 10.5
Other Services Provide Day Programming for	No	Respiratory   Other Medical Conditions	5.1 54.0	•	26.1	Nursing Assistants,   Aides, & Orderlies	44.3
Mentally Ill	No		100.0	,	73.9		
Provide Day Programming for Developmentally Disabled	No		100.0	 	100.0	 	and the standards of a standards

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	ફ	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	용	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	Tota Resi dent	- Of	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	20	100.0	322	83	97.6	129	8	100.0	129	60	100.0	182	0	0.0	0	3	100.0	284	174	98.9	
Intermediate				2	2.4	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.1	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	.j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2.0	100.0		8.5	100.0		8	100.0		60	100.0		0	0.0		3	100.0		176	100.0	

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ST MARY'S CARE CENTER

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	1.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	4.5		79.0	16.5	176
Other Nursing Homes	2.0	Dressing	6.8		72.7	20.5	176
Acute Care Hospitals	92.8	Transferring	14.2		60.2	25.6	176
Psych. HospMR/DD Facilities	0.6	Toilet Use	15.3		61.9	22.7	176
Rehabilitation Hospitals	0.0	Eating	69.3		19.9	10.8	176
Other Locations	1.6	******	******	*****	*****	******	*****
Total Number of Admissions	499	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	10.2	Receiving Resp	iratory Care	15.9
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	t of Bladder	51.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	55.3	Occ/Freq. Incontiner	it of Bowel	25.6	Receiving Suct	ioning	0.6
Other Nursing Homes	0.4				Receiving Osto	my Care	1.1
Acute Care Hospitals	22.5	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.4	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0						
Other Locations	7.6	Skin Care			Other Resident C	haracteristics	
Deaths	13.7	With Pressure Sores		6.8	Have Advance D	irectives	76.1
Total Number of Discharges	i	With Rashes		1.7	Medications		
(Including Deaths)	488				Receiving Psyc	hoactive Drugs	60.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***********	******	****	*****	*****	****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Noni	orofit	100	-199	Ski	lled	Al	1
	Facility	-	Group		Group		Group		lities
	%	% Ratio		8	% Ratio		% Ratio		Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	92.0	1.05	87.6	1.10	88.1	1.10	87.4	1.11
Current Residents from In-County	89.8	85.9	1.04	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	12.8	22.1	0.58	19.7	0.65	20.1	0.64	19.6	0.65
Admissions/Average Daily Census	280.3	138.9	2.02	167.5	1.67	155.7	1.80	141.3	1.98
Discharges/Average Daily Census	274.2	139.5	1.97	166.1	1.65	155.1	1.77	142.5	1.92
Discharges To Private Residence/Average Daily Census	151.7	64.3	2.36	72.1	2.11	68.7	2.21	61.6	2.46
Residents Receiving Skilled Care	98.9	96.1	1.03	94.9	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	96.0	96.4	1.00	91.4	1.05	92.0	1.04	87.8	1.09
Title 19 (Medicaid) Funded Residents	48.3	55.4	0.87	62.7	0.77	61.7	0.78	65.9	0.73
Private Pay Funded Residents	34.1	32.6	1.04	21.5	1.59	23.7	1.44	21.0	1.63
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	8.5	36.2	0.24	36.1	0.24	35.8	0.24	33.6	0.25
General Medical Service Residents	54.0	24.3	2.22	22.8	2.36	23.1	2.33	20.6	2.63
Impaired ADL (Mean)	48.8	50.5	0.97	50.0	0.97	49.5	0.98	49.4	0.99
Psychological Problems	60.2	58.5	1.03	56.8	1.06	58.2	1.04	57.4	1.05
Nursing Care Required (Mean)	6.6	6.8	0.97	7.1	0.93	6.9	0.96	7.3	0.90